

WRAMC Warfighter Refractive Eye Surgery Program WTU Application Form

The Warfighter Refractive Eye Surgery Program (WRESP) is open to all eligible active duty Army personnel who meet the criteria determined by the Army Chief of Staff and the Surgeon General.

The following soldier (Name).....
(Rank).....
(Last Four).....

Is in the Warrior Transition Unit (WTU) at..... and has applied to be considered for refractive surgery under the WRESP. The soldier must be medically and physically ready for surgery, must show intent to return to active duty status once they are released from the WTU and have at least 18 months remaining on their enlistment at the time they expect to have this surgery.

I am the Case Manager for And certify he / she has stated his / her intention to return to active duty following their release from the Medical Holding Company.

.....
Printed Name Signature

.....
Date

I am the(Medical Officer Designation)

For

And certify that he / she is a medically and physically appropriate candidate for refractive surgery.

.....
Printed Name Signature

.....
Date

**FAX THIS COMPLETED FORM TO THE CENTER FOR REFRACTIVE SURGERY AT 202-782-4653
KEEP A COPY FOR YOUR RECORDS AND BRING IT TO YOUR FIRST APPOINTMENT**